

REQUEST FOR CONTINUED EXAMINATION(RCE)TRANSMITTAL **(Submitted Only via EFS-Web)**

Application Number	10677597	Filing Date	2003-10-01	Docket Number (if applicable)	DELD101	Art Unit	3653
First Named Inventor	DELAQUIL			Examiner Name	SHAPIRO		

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. The Instruction Sheet for this form is located at WWW.USPTO.GOV

SUBMISSION REQUIRED UNDER 37 CFR 1.114

Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

☒ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on

Refund Ref: 11/10/2008 0030063360

☐ Other

Credit Card Refund Total: \$525.00

☐ Enclosed

Am Exp.: XXXXXXXXXXXX1019

☐ Amendment/Reply

☐ Information Disclosure Statement (IDS)

Refund Ref: 11/10/2008 0030063361

☐ Affidavit(s)/ Declaration(s)

Credit Card Refund Total: \$405.00

☐ Other

Am Exp.: XXXXXXXXXXXX1019

MISCELLANEOUS

☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

☐ Other

FEES

The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

☐ The Director is hereby authorized to charge any underpayment of fees, or credit any overpayments, to Deposit Account No

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

☒ Patent Practitioner Signature

☐ Applicant Signature

Adjustment date: 11/10/2008 CKHLOK
04/18/2008 INTEFSW 00002930 10677597
02 FC:2001 -405.00 OP

Adjustment date: 11/10/2008 CKHLOK
03/04/2008 INTEFSW 00003363 10677597
01 FC:2253 -525.00 OP

Signature of Registered U.S. Patent Practitioner			
Signature	/ROBERT L. SHAVER/	Date (YYYY-MM-DD)	2008-04-17
Name	ROBERT L. SHAVER	Registration Number	42145

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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REQUEST FOR PATENT FEE REFUND										
1 Date of Request: 11/07/08		2 Serial/Patent # 10/677,597								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
X	Extension of Time	XT/	04/17/08	\$ 525.00						
	Notice of Appeal/Appeal			\$						
	Petition			\$						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
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		7 TOTAL AMOUNT OF REFUND		\$ 930.00						
		8 TO BE REFUNDED BY: CREDIT CARD								
10 REASON:		Treasury Check								
	Overpayment	Credit Deposit A/C #:								
X	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--			
		--								
X	No Fee Due (Explanation):									
RCE FEE IS A DUPLICATE PAYMENT; EXTENSION OF TIME SUBMITTED WITH PETITION TO REVIVE										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: April M. Wise		TITLE: Petitions Examiner								
SIGNATURE:		PHONE: 571-272-1642								
OFFICE: Office of Petitions										
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APPROVED:		DATE: 11/10/08								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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